



PATENT
450100-02054

7/6/02 2662

7/A

A.W.M.S.
12/3/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Motoki KATO
Serial No. : 09/453,763
For : DATA RECORDING AND/OR REPRODUCING
APPARATUS, METHOD, AND SYSTEM AND
RECORDING MEDIUM
Filed : December 2, 1999
Examiner : Hanh N. Nguyen
Art Unit : 2662

RECEIVED

NOV 17 2003

Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, on November 7, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

November 7, 2003

Date of Signature

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Dear Sir:

This is in response to the Office Action dated August 7, 2003, please amend the
above-referenced application as follows:



PATENT
450100-02054

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Motoki KATO
Serial No. : 09/453,763
For : DATA RECORDING AND/OR REPRODUCING APPARATUS, METHOD, AND SYSTEM AND RECORDING MEDIUM
Filed : December 2, 1999
Examiner : Hanh N. Nguyen
Art Unit : 2662

Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450
Sir:

745 Fifth Avenue
New York, NY 10151

RECEIVED

NOV 17 2003

Technology Center 2600

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
☒ The fee has been calculated as shown below.
— This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	70	Minus	= 70	0 ×	\$18(9)	= \$00.00
Independent claims	16	Minus	= 13	3 ×	\$86(43)	= \$ 258.00
				Total additional fee for this amendment		\$258.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

— This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid __, or is paid herewith __.

☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a __ month extension of time. A check covering the cost of the petition is enclosed.

☒ A check in the amount of \$258.00 is attached, which covers the cost of ☒ additional claims __ petition for extension of time.

— Charge \$__ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

Respectfully submitted,

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 7, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

November 7, 2003

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant

By:

Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800